

**Public Employees
Health and Dental Programs**

560 East 200 South, Suite 100 / Salt Lake City, Utah 84102-2004
Customer Service: 801-366-7555 / Toll Free 800-765-7347

**EMPLOYEE BENEFITS
NOTIFICATION**

In compliance with Section 49-1-615, Utah Code Annotated 1953, each employer participating in a plan, program or system administered by PEHP must review the contents of this form with each eligible employee immediately upon termination of service, leave of absence or retirement. The employee and employer must sign this form, and the employer must immediately forward a copy to PEHP.

Section A

Employer Information

Reason for Leaving Employment:				
<input type="checkbox"/> Termination	<input type="checkbox"/> Retirement	<input type="checkbox"/> Leave of Absence - Estimated date returning to work _____		
Last Day of Active Employment: _____				
This form was: <input type="checkbox"/> Mailed (month/day/year) _____				
<input type="checkbox"/> Furnished in Person to the Employee on (month/day/year) _____				
Employer Signature	Title	Employing Agency	Phone No.	Date

Section B

Member Information

Employee Name (First, Middle, Last)				Social Security Number
Street Address	City	State	Zip	Phone Number

Section C

Continuation of Coverage Rights

Health & Dental	Coverage may be continued according to COBRA provisions by applying within 60 days of termination of coverage. If you are covered by a PEHP plan, please contact PEHP at 366-7555 and complete a COBRA application form.
Life	Term Life Program - Your Group Term Life insurance coverage may be converted within 60 days of termination of coverage. This coverage is subject to your continued membership in Utah Retirement Systems. Contact PEHP at 366-7555.
Accidental Death & Dismemberment	There is no provision to continue coverage under the Accidental Death & Dismemberment Program after termination or retirement.
Long Term Disability	If you are terminating employment or taking a leave of absence for any reason relating to health, you may be eligible for long-term disability benefits. It is your responsibility to become familiar with the provisions of this program. You must apply for benefits within 60 days from the last day of work. Coverage does not continue after termination or retirement. Please call 366-7583 for more information.
Leave of Absence	If you are going to take a Leave Without Pay, notify the Personnel Division to receive information regarding continuous coverage under the above programs. If the required premiums are not paid, your coverage will be terminated.
I hereby certify that I have been notified of my rights to convert or continue any insurance coverage after termination, retirement, or leave of absence. I understand it is my responsibility to contact the various insurance carriers for complete information, to secure and complete the appropriate application forms within the required period, and to pay the required premiums. I also certify I have returned any program identification cards to my employer.	
Employee Signature	Date

This form must be completed and returned to: PEHP, 560 East 200 South, Suite 100, Salt Lake City, Utah 84102-2004
Distribution: White - PEHP; Yellow - Department; Pink - Employee